

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

David J Lara
Josephine A Lara
Debtor(s)

Case No. 15-10706

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/25/2015.
- 2) The plan was confirmed on 05/15/2015.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 07/17/2018.
- 6) Number of months from filing to last payment: 40.
- 7) Number of months case was pending: 42.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$6,126.00.
- 10) Amount of unsecured claims discharged without payment: \$67,275.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$29,696.30
Less amount refunded to debtor	\$14.11

NET RECEIPTS: **\$29,682.19**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$4,000.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$1,474.17
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$5,474.17**

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AURORA EYE CLINIC LTD	Unsecured	3,000.00	2,795.00	2,795.00	2,795.00	0.00
LVNV FUNDING	Unsecured	34.00	871.70	871.70	871.70	0.00
MERRICK BANK	Unsecured	1,178.00	1,294.95	1,294.95	1,294.95	0.00
ROCKFORD MERCANTILE AGENCY	Unsecured	943.00	943.00	943.00	943.00	0.00
SANTANDER CONSUMER USA	Secured	16,483.00	16,483.00	16,483.00	16,483.00	1,437.96
SANTANDER CONSUMER USA	Unsecured	NA	382.41	382.41	382.41	0.00
ADVANTAGE HEALTHCARE	Unsecured	162.00	NA	NA	0.00	0.00
CADENCE HEALTH	Unsecured	2,850.00	NA	NA	0.00	0.00
CENTRAL DUPAGE HOSPITAL	Unsecured	2,263.00	NA	NA	0.00	0.00
CHOICE RECOVERY	Unsecured	71.00	NA	NA	0.00	0.00
COMCAST/STELLAR RECOVERY INC	Unsecured	363.00	NA	NA	0.00	0.00
RUSH COPLEY MEDICAL CENTER	Unsecured	24,973.00	NA	NA	0.00	0.00
SAROOR ALAM MD	Unsecured	700.00	NA	NA	0.00	0.00
SPECKMAN THERAPEUTICS	Unsecured	480.00	NA	NA	0.00	0.00
TRI CITY RADIOLOGY SC	Unsecured	269.00	NA	NA	0.00	0.00
TRUSTMARK RECOVERY SERVICES	Unsecured	203.00	NA	NA	0.00	0.00
UIC PHYSICIAN GROUP	Unsecured	1,837.00	NA	NA	0.00	0.00
UNIV OF IL MEDICAL CTR CHICAGO	Unsecured	1,837.00	NA	NA	0.00	0.00
UNIVERSITY HEAD & NECK ASSOC	Unsecured	459.00	NA	NA	0.00	0.00
VALLEY IMAGING CONSULTANTS LI	Unsecured	318.00	NA	NA	0.00	0.00
MIDWEST CENTER FOR SLEEP	Unsecured	160.00	NA	NA	0.00	0.00
MIDWEST ORTHOPEDIC	Unsecured	336.00	NA	NA	0.00	0.00
MRSI	Unsecured	11,914.00	NA	NA	0.00	0.00
NAPERVILLE IMAGING CENTER/REC	Unsecured	179.00	NA	NA	0.00	0.00
NAPERVILLE MEDICAL IMAGING	Unsecured	8,804.00	NA	NA	0.00	0.00
NEUROSURGERY & SOPINE	Unsecured	47.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
NORTHWESTERN MED FACULTY FN	Unsecured	505.00	NA	NA	0.00	0.00
PATHOLOGY ASSOC OF CHICAGO	Unsecured	127.00	NA	NA	0.00	0.00
QUEST DIAGNOSTICS	Unsecured	18.00	NA	NA	0.00	0.00
RECOVERY PARTNERS LLC	Unsecured	55.00	NA	NA	0.00	0.00
RESPIRATORY CONSULTANTS	Unsecured	536.00	NA	NA	0.00	0.00
EMPACT EMERGENCY	Unsecured	550.00	NA	NA	0.00	0.00
FOX VALLEY CARDIOVASCULAR	Unsecured	1,000.00	NA	NA	0.00	0.00
GENEVA EYE CLINIC	Unsecured	77.00	NA	NA	0.00	0.00
KISHWAUKEE COMMUNITY HOSPITAL	Unsecured	4,000.00	NA	NA	0.00	0.00
LABORATORY PHYSICIANS	Unsecured	439.00	NA	NA	0.00	0.00
MANAV K SALWAN MD	Unsecured	943.00	NA	NA	0.00	0.00
MBB	Unsecured	800.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$16,483.00	\$16,483.00	\$1,437.96
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$16,483.00	\$16,483.00	\$1,437.96
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$6,287.06	\$6,287.06	\$0.00

Disbursements:

Expenses of Administration	<u>\$5,474.17</u>	
Disbursements to Creditors	<u>\$24,208.02</u>	
TOTAL DISBURSEMENTS :		<u>\$29,682.19</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 09/24/2018

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.